

DANBY
DORSET
LANDGROVE
LONDONDERRY
MANCHESTER
MT. TABOR

BENNINGTON-RUTLAND SUPERVISORY UNION

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PAWLET
PERU
RUPERT
SUNDERLAND
WESTON
WINHALL

METTAWEE SCHOOL DISTRICT •• TACONIC AND GREEN REGIONAL SCHOOL DISTRICT •• WINHALL SCHOOL DISTRICT

UNIVERSAL PREKINDERGARTEN REQUEST FORM

Universal publicly funded prekindergarten education is available for a minimum of ten hours per week for 35 weeks annually for all 3 and 4 year-old children, as well as 5-year olds who are not eligible to enroll in kindergarten. Please fill out this form and return to the above address.

PLEASE PRINT CLEARLY

Name of Student:			Name of Program To Attend:	
Date of Birth:		Male / Female <i>(circle one)</i>	Hispanic? Yes / No <i>(circle one)</i>	Race: <i>(Please enter Race)</i>

	FATHER *	MOTHER *	LEGAL GUARDIAN <i>(attach proof of guardianship)</i>
LEGAL Town of Residence			
Name			
Telephone # (hm)			
Telephone # (wk)			
Mailing Address			
Physical/911 Address			
Email Address			

Are you new to the area? If yes, list previous school, Town & State of prior residence.		Date you became resident of above Town:	
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OTHER CHILDREN? YES / NO If yes, please provide the following information for each child:

NAME	DATE OF BIRTH	GRADE SEPT. 2020 <i>(if applicable)</i>	SCHOOL (IF APPLICABLE)

CERTIFICATION

The above information is true, accurate, and complete to the best of my knowledge and belief. I acknowledge my responsibility to inform the School District, through the Superintendent of Schools, of any change in eligibility status. I agree to reimburse the School District for any tuition payments made for the above named student if I change my eligibility status and fail to report the change to the School District. I understand that by Vermont State Law tuition payments must be made to schools only, not to parents.

Signature of Requestor

Date

Printed Name

Relationship to Student *(circle one)*: Mother / Father / Other: (describe)

*** NOTE: If divorced and a parent lives outside of Vermont, proof of custody is needed**